

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035171

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

157 3028 168
FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Carthage

Length of stay in 1b
40 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION McCune-Brooks Hospital

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN

Carthage

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

1033 James

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

HARRY

HAGGARD

4. DATE
OF DEATH

Month

Day

Year

9

28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

11-23-1885

9. AGE (last birthday)

76

10. IF UNDER 1 YEAR

Months

Days

11. IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cafe operator ret.

10b. KIND OF BUSINESS OR INDUSTRY
Cafe

11. BIRTHPLACE (City and state or country)
Jasper Co., Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Randall Haggard

13b. MOTHER'S MAIDEN NAME

Mary J Briogle

14. NAME OF HUSBAND OR WIFE

Grace Richmond Haggard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Grace Haggard, 1033 James, Carthage

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH
years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Multiple pulmonary infarcts

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from 7-7-62 to 9-28-62

9-28-62

and last saw him alive on 9-27-62

Death occurred at 5:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard R. Cohle

22b. ADDRESS

Carthage, Mo

22c. DATE SIGNED

9-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-1-1962

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county)

Carthage

23e. STATE

Mo

24. FUNERAL DIRECTOR

24a. ADDRESS

KNELL MORTUARY Carthage, Mo

25. DATE RECD. BY LOCAL REG.

9-29-62

26. REGISTRAR'S SIGNATURE

Ely Dinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.